



ADATSA REQUEST FOR EXCEPTION TO RULE

FILL IN ALL THAT APPLY - PLEASE PRINT OR TYPE

☐ WAC 388-800-0055 Waiver of criteria

PART 1: ASSESSMENT ENTITY OR TREATMENT AGENCY TO COMPLETE THIS SECTION TWO WEEKS PRIOR TO CLIENT'S ANTICIPATED DISCHARGE		
CLIENT'S NAME	ACES AU IDENTIFICATION NUMBER	REFERRING COMMUNITY SERVICES OFFICE
<p>A. Please check the appropriate criteria needing to be waived:</p> <p><input type="checkbox"/> Is client substance dependent for a class of substances other than nicotine or caffeine, as identified in Section VII?</p> <p><input type="checkbox"/> Does client meet at least one of the incapacity criteria?</p> <p><input type="checkbox"/> Has client used alcohol or other drugs within the last 90 days (excluding incarceration)?</p> <p><input type="checkbox"/> Is client amenable to treatment?</p> <p><input type="checkbox"/> Is client willing to accept treatment?</p> <p><input type="checkbox"/> Is client only choosing opiate dependency treatment (methadone maintenance)?</p>		
<p>B. Why is a waiver justified?</p>		
<p>C. Describe other options if waiver is not approved (be specific):</p>		
<p>D. How will granting this request help this client's employability? When do you estimate client could be job-ready?</p>		
<p>E. Additional information to support your request:</p>		
NAME	TITLE	
AGENCY	TELEPHONE NUMBER	DATE
PART 2: WAIVER OF CRITERIA		
Waiver of criteria is: <input type="checkbox"/> Approved <input type="checkbox"/> Not approved	DASA STAFF PERSON (PRINT NAME HERE)	TELEPHONE NUMBER
	TITLE	DATE